

**RIVERVIEW SCHOOL DISTRICT
HEALTH SERVICES**

Riverview Jr-Sr High School
412-828-1800 x1017
Fax – 412-828-6296

Verner Elementary
412-828-1800 x3017
Fax – 412-828-8086

Tenth Street Elementary
412-828-1800 x2017
Fax – 412-828-7373

MEDICATION ADMINISTRATION PERMISSION FORM

Medications prescribed for your child are to be given at home whenever possible. If it is essential that the student receive medications during school hours, the permission form must be completed and returned to the school before the medication can be given. Both the physician's signature and the parent's signature must be present on the form.

Any changes in type or dosage of the medication must be reported to the school immediately and a new form completed by the physician and signed by both the physician and parent.

Student's Name _____

Medication _____

Dose _____ **Route of administration** _____ **Time** _____

Possible side effects or contraindications _____

School activities which should be curtailed or modified (gym, athletics, etc.) _____

Other medications this student is presently prescribed _____

Date

Physician's signature

Physician's phone number

I authorize the school nurse or other designated persons to administer the above prescribed medication to my child during school hours. I do hereby release, discharge and hold harmless the Riverview School District, including any private schools served by the health services personnel of Riverview School District, and all its employees from any and all liability whatsoever for the administration of the above medication to my child.

Date

Parent's Signature

**Medication Administration Consent And
Licensed Prescriber Order
(Riverview School District)**

Student Name: _____ Date/Time: _____

School: _____ Teacher/Grade: _____

In accordance with school policy, medication(s) should be given at home before and/or after school. However, when this is not possible, prior to receiving the medication at school, each student must provide the school nurse with a *Medication Administration Consent* form signed by the student's parent/guardian and a *Medication Order* from a licensed prescriber. All medications must be in an original prescription bottle/container from a pharmacy.

Parent/Guardian Consent:

I give my permission for my child, _____, to receive the following medication by a licensed prescriber during the school day. I understand that the medications will be given by school health personnel according to my child's licensed prescriber's directions.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian name printed: _____ Phone: _____

Licensed Prescriber Medication Order:

Patient's name: _____ **Date:** _____

Name of medication: _____

Route and dosage: _____

Time of administration: _____

Directions: _____

Discontinuation date: _____

Allergies: _____

Licensed prescriber signature: _____

Licensed prescriber name printed: _____ **Phone:** _____

RIVERVIEW SCHOOL DISTRICT MEDICATION POLICY

The Riverview School District recognizes that parents have the primary responsibility for the health of their children. Although the district strongly recommends that medication be given at home, it realizes that the health of some children requires that they receive medication during school hours in order to remain in school.

Parents should confer with the child's physician to arrange medication times to avoid school hours whenever possible. When medications must be given during school hours, certain procedures must be followed, including over the counter medications and vitamins.

1. The physician must complete a medication form or fax instructions to the school.
2. The parent or guardian must sign the medication form.
3. Any medication to be given during school hours must be delivered directly to the school nurse, the school principal or his/her designee. **Students may not keep medications with them at school.** (The only exceptions to this are inhalers and epipens which may be carried by the students, with written parental permission, on the back of the annually updated emergency care card.
4. The medication must be brought to school in the original pharmaceutically dispensed and properly labeled container.
5. A record will be kept for all students receiving medication during school hours.
6. Medications will be locked in the nurse's office.
7. In the absence of the nurse, the school principal or his/her designee will administer the medication.
8. Students in grades 7-12 will be responsible for reporting to the nurse or other designated person at the time the medication is to be administered. For students in grades K-6, individualized plans will be made for the administration of medications by the nurse, principal and parent in accordance with the Pennsylvania Public School Code.
9. A parent or guardian may administer a medication to a student during school hours without a medication form being completed.
10. Acetaminophen, Ibuprofen and antacids will be administered at the High School to students who have the appropriate consent area completed on their emergency care card. Dosage will be the recommended adult dosage per label instructions.
11. Acetaminophen will be administered at Verner Elementary and Tenth Street Elementary School to students who have the appropriate consent completed on their emergency care card. Dosage will be determined according to the students age and weight as recommended by the pharmaceutical company.

The school nurse should be notified any time a medication request is received. The nurse will confer with the parent as needed, seeing that the medication is administered at the proper time, notifying school staff of possible side effects of the medication and activities which should be modified if indicated. Consultation by phone with the student's physician will be done if necessary.

The provisions of this policy apply to all medications for all grade levels.

Any questions regarding this policy should be directed to the school nurse at your child's school.